

EXHIBIT 9

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

IN RE: *Chapter 11

W.R. GRACE & CO., et al., *Case No. 01-01139 (JKF)

Debtors. *Jointly Administered

* * * * *

THE DEPOSITION OF LAURA WELCH, M.D.

The Deposition of Laura Welch, M.D.,
taken in the above-captioned case on Wednesday,
June 3, 2009, commencing at 9:00 a.m., at the
offices of Evans Reporting Service, Intelligent
Office, 1425 K Street N.W., Washington, D.C. 20005,
and reported by Monique Kastner, Court Reporter and
Notary Public.

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1 A Okay.
 2 Q Page 707. And in the definition of
 3 diffuse pleural thickening, would you agree there
 4 is no requirement in the ATS 2004 of extent of the
 5 chest wall greater than 25 percent?
 6 A I don't think they talk about that.
 7 Q And likewise, would you agree that ATS
 8 2004 in its definition of diffuse pleural
 9 thickening does not include a minimum
 10 three millimeters for thickness of pleural
 11 thickening?
 12 A Yes. I agree with that.
 13 Q Okay. Then do you have Ameille article
 14 in front of you, a copy?
 15 A I don't have the copy.
 16 Q You have the exhibit I believe which
 17 would be 7?
 18 A Here is the exhibit. It is 7, right.
 19 Q Okay. Then I think it is Page 294 on
 20 the right hand side of the page. Do you have 294?
 21 A 294.

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1 Q I see you have two sides. Right hand
 2 column. Let's see. The paragraph beginning: "The
 3 association between obliteration of the
 4 costophrenic angle and significant decrease of FVC,
 5 FEV1 and TLC has also been observed previously."
 6 A Correct.
 7 Q And they cite Schwartz, 1990; Lilis
 8 L-i-l-i-s, 1991 and Bourbeau, B-o-u-r-b-e-a-u,
 9 1990?
 10 A Yes.
 11 Q And are you aware that in all three of
 12 those studies they define diffuse pleural
 13 thickening as including blunting?
 14 A Well, I know that Lilis, Lilis looked
 15 at the impact of blunting of the angle on pulmonary
 16 function. And I don't know whether -- I think -- I
 17 don't remember if she had a definition. But I have
 18 her paper, so I can look at it if it is important
 19 to make that distinction.
 20 Is that what you're asking?
 21 Q Yes. If you look at the top of Page

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1 149?
 2 A Okay. Diffuse pleural fibrosis defined
 3 as that which includes blunting of the ipsilateral
 4 costophrenic angle. It is indicated with a D.
 5 That's what it says there.
 6 Q And then Schwartz, are you aware that
 7 he also used blunting as an -- in the definition of
 8 diffuse pleural thickening?
 9 A I don't have that paper. So I don't --
 10 I can't verify that. I mean, the statement here
 11 shows that he -- it says, "subjects with DPT
 12 characterized by obliteration of the angle." That
 13 is what the Ameille paper says.
 14 Q Regarding Schwartz?
 15 A Right.
 16 Q I have Schwartz here if you would like
 17 to look at it?
 18 A Only if it is important for -- I don't
 19 know where you're going with it. I might need to.
 20 I might not.
 21 Q And the other one was Bourbeau. Are

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1 you aware that that paper also defined diffuse
 2 pleural thickening as including blunting of the
 3 costophrenic angle?
 4 A Well, the part of that paper that is
 5 quoted here shows that it is about how the most
 6 marked impairment of the lung function was related
 7 to costophrenic angle obliteration.
 8 Q Okay. Then quickly, I'll show you the
 9 Bourbeau paper. Does that appear to be Bourbeau
 10 1990?
 11 A Yes. That looks good.
 12 Q Okay.
 13 A Can I take it from you for a second?
 14 Q Yes.
 15 A My glasses don't go that far.
 16 Q I think it is on the second page. It
 17 says --
 18 A Diffuse thickening had to have blunting
 19 of the angle. Okay.
 20 Q In these three papers; Lilis, Schwartz
 21 and Bourbeau all compared lung function loss

35 (Pages 134 to 137)

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1 Q And top line, you say it is the case?

2 A What page are you on? You didn't give
3 me a page number.

4 Q Page 17. Sorry.

5 A Okay.

6 Q You say that: "It is the case that
7 DLCO is a routine part of the clinical evaluation
8 of asbestosis and other interstitial lung
9 diseases."

10 Is that also true that it is a routine
11 part of the evaluation of pleural disease?

12 A It is. DLCO is often included in the
13 evaluation of any lung disease.

14 Q Including any asbestos-related lung
15 disease?

16 A Right. Whether you order it and
17 somebody has pleural diseases are individual
18 judgments you can make an individual case for what
19 is necessary.

20 Q And in another context, we already
21 discussed a couple of quotes from Key 1996 and Lee

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1 2003 which included a -- which studies did not
2 define blunting as a necessary part of diffuse
3 pleural thickening and found decrement of DLCO
4 significant in the quotes that I read to you if you
5 remember them, otherwise we can go back?

6 MR. FINCH: Object to form.

7 THE WITNESS: I think I said the Lee
8 study was 38 patients that all had asbestosis.
9 So whether the people with pleural thickening
10 had a decrement of lung function or not, it was
11 attributable to their asbestosis.

12 And the study was not studying the
13 impact of pleural thickening on lung function,
14 so it is not really relevant to this question.

15 I don't remember what the Key paper
16 was, but I'm -- it may have been something I'm
17 not familiar with.

18 BY MR. HEBERLING:

19 Q They used a CT scoring per the lynch
20 proposal.

21 A I don't remember that we talked about

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1 it.

2 Q Okay. Do you consider it -- do you
3 consider that with diffuse pleural thickening one
4 can have a decrement in DLCO?

5 A No. I would think that if you have the
6 decrement in DLCO, it is due to concomitant
7 interstitial fibrosis or emphysema or something,
8 some other disease of the lung interstitium, not
9 just pleural scarring in the outside of the lung.

10 Q And so for Libby, you would consider it
11 likely that the people who had isolated DLCO
12 meaning only the DLCO number under 65, that that
13 would likely be due to subpleural interstitial
14 fibrosis?

15 MR. FINCH: Object to form.

16 BY MR. HEBERLING:

17 Q Perhaps emphysema?

18 A No. I wouldn't assume anything without
19 looking at each individual case. As you just said,
20 emphysema can lead to the diffusion too.

21 Q And the AMA guides to permanent

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1 impairment uses DLCO as an indicator of impairment,
2 correct?

3 A Yes.

4 Q So you have some problems with using
5 DLCO, but apparently it was okay for the AMA to do
6 it?

7 MR. FINCH: Object to form.

8 Mischaracterized Dr. Welch's comment.

9 THE WITNESS: It measures lung function
10 impairment, but it cannot help distinguish
11 between asbestosis and emphysema both of which
12 reduce DLCO. And in addition to which, there
13 is more test to test variation in DLCO than
14 there are in other tests.

15 And I include that in No. 2 on my
16 report. And those are the two main reasons I
17 don't think it should be included in the TDP.

18 BY MR. HEBERLING:

19 Q Then Page 17, Exhibit 2 of your
20 December 2008 report.

21 A Okay.

47 (Pages 182 to 185)